

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEC 26 1940

Registration District No. 191 Primary Registration District No. 5366 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Luray - Rural
(c) Name of hospital or institution: Woodlands
(d) Length of stay: In hospital or institution.
In this community years, months or days 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clark
(c) City or town Luray (Rural)
(d) Street No. 0
(e) If foreign born, how long in U. S. A. ? years.

8. (a) PRINT FULL NAME Pansy Snider
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 29
year 1940 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7-21-40
19 to Nov. 29 1940
that I last saw her alive on 7-30-40
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Snider
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Nov. 17- 1899
(Month) (Day) (Year)

Immediate cause of death Anemia
Chronic Interstitial Nephritis
Duration 9 mo.

8. AGE: Years Months Days If less than one day hr. min.

Due to 121
Due to

9. Birthplace Kahoka Mo.
(City, town, or county) (State or foreign country)

Other conditions Discriminating Lupus
(Include pregnancy within 3 months of death)
Erythematous

10. Usual occupation Housekeeping

Major findings: Of operations
Of autopsy no

11. Industry or business

12. Name Ward Webster

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cummings
(City, town, or county) (State or foreign country)

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Snider
(b) Address Luray Mo.

17. (a) Burial (b) Date of Dec. 1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodville Co.
18. (a) Signature of funeral director J. L. Guttering

19. (a) Dec 3/40 (b) J. L. Guttering
(Date received local health officer) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
175 (Specify type of place)
While at work (e) Means of injury
23. Signature E. D. King, M.D. (M. D. or other)
Address Heskuff Iowa Date signed 12-2-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 12-40-2368

Date Filed Dec. 23, 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Nov. 29-1940

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Otis L. Suttering

Licensed Embalmer No.....

2965

P. O. Address.....

Luray Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.